



**UPLAND GAME BIRD HABITAT ENHANCEMENT PROGRAM
ENROLLMENT APPLICATION FORM**

APPLICANT:

Name _____

(If this is an organization, the name of the organization and the person responsible for project oversight)

Address: _____

City, State: _____ Zip: _____

Telephone: _____ Email: _____

PROPOSED PROJECT DESCRIPTION:

Type of project(s) you are proposing: (Please check all that apply)

☐ Nesting Cover ☐ Shelterbelt ☐ Range Management ☐ Food Plot ☐ Wetland

List Township(s), Range(s) and Section(s) of affected property:

T_____, R_____, Section(s)_____;

T_____, R_____, Section(s)_____

T_____, R_____, Section(s)_____;

T_____, R_____, Section(s)_____

T_____, R_____, Section(s)_____;

T_____, R_____, Section(s)_____

County: _____ Project acres: _____

Estimated start-up date: _____ Length of contract: _____ years

Estimated Cost Breakdown		
	\$	%
Cooperator Share		
FWP Share		
Other ¹		

¹Other partners (include organizational name and contact person): _____

Total Estimated Cost: _____

Number of acres open to public hunting: _____ Number of Hunter-Days: _____

Name of FWP contact you are working with on this project: _____

Description of the project: (please include activities pertaining to agricultural practices, grazing management, tree and cover plantings, CRP, fencing, etc.). Use another page if needed.

~If the land is enrolled in the Block Management for the current year, please disregard this section.~

LANDOWNER PREFERENCE FOR HUNTER CONTACT:

The Upland Game Bird Habitat Enhancement Program requires that all habitat projects occur on land open to free public hunting during the term of the contract. The location of the project is published annually in the Upland Game Bird Access Guide and also includes landowner contact information for hunters to obtain permission prior to their hunt. Please provide the Department with your preference for contact (select 1). If appropriate, include days of the week, time frame, and the location that you wish to be contacted. The information you provide below will be published in the annual Upland Game Bird Access Guide.

- ☐ By phone, during the hours of: _____; on days of the week: _____;
at phone number(s): _____.
- ☐ In person, during the hours of: _____; on days of the week: _____;
at physical address: _____.
- ☐ By email, at email address: _____
- ☐ Contact information located onsite.
- ☐ Walk-in hunting allowed with no further permission required. Areas signed.
- ☐ Permission issued by FWP – Contact regional office for phone number.
- ☐ Other: _____

I, the undersigned, am aware of the following obligations and requirements concerning enrollment in this program:

1. I am required to allow a reasonable amount of free public upland bird hunting as determined by the number of hunter-days stated on page 1 of this application.
2. I cannot charge for hunting or access to the acres enrolled in this program.
3. The project area will be signed by FWP to certify enrollment in the UGBHEP program. Signs must remain in place for the entire length of the contract term.
4. The location of the project and landowner's contact information will be published in the annual Upland Game Bird Access Guide for the length of the contract term.
5. Violation of the terms of any contract entered into as a result of this application will require repayment to FWP of funds received prorated over the remaining term of the contract.
6. **Minimum** contract terms for the various practices are as follows:
 - **Nest cover** = 10 years
 - **Shelterbelts** =15 years
 - **Food Plots** = 1 year
 - **Range Management** = 15 years
7. Completion of this application in no way constitutes a commitment by the State of Montana to award a contract.

Applicant signature: _____ Date: _____